



# Fly Fishing Clinic Registration and Consent-Photo Release Form- 2004

Please print this form, complete, sign, and mail to the address below.

**You cannot submit this form as an email or a fax.**

The Maryland Department of Natural Resources takes our responsibility with children seriously. We always obtain the written permission of parents or guardians prior to having children participate in any DNR programs. We ask for written permission instead of an online registration because we have no practical way for verifying an adult has entered the information. This may seem like an extra step, but its one we implemented in the best interests of you and your children.

## Fly Fishing Clinic Information Form

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Special needs/Allergies/Potential health problems/Comments: \_\_\_\_\_

• Choose the date that you wish to attend:

\_\_\_\_\_ 4/17- Dept. of Natural Resources - Fly Tying & Aquatic Insects

\_\_\_\_\_ 4/25- Piney Run Park - Fly Tying & Aquatic Insects

\_\_\_\_\_ 5/15- Piney Run Park - Fly Fishing

\_\_\_\_\_ 5/22- Patapsco Valley State Park- Fly Fishing

\_\_\_\_\_ 6/6- Rocks State Park - Fly Fishing

\_\_\_\_\_ 9/11- Rocks State Park - Fly Fishing

\_\_\_\_\_ 9/18- Greenbrier State Park- Fly Fishing

\_\_\_\_\_ 10/2- Harford Glen Environmental Center- Fly Tying & Aquatic Insects

\_\_\_\_\_ 10/17- Greenbrier State Park- Fly Tying & Aquatic Insects

## Release Statement

I acknowledge that there are natural hazards with fishing and related activities in an outdoor setting. I hereby affirm that my child is in good health and physically capable to perform the required activities of the clinic. In consideration of the Maryland Department of Natural Resources Angler Education Program accepting my child and to the extent permitted and approved by State Law, I hereby release and forever discharge the State of Maryland, its units, agents, and employees from all claims of liability for any damages or injuries which may be sustained while my child is at camp to the extent permitted by state law.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Consent Form

As parent or legal guardian of \_\_\_\_\_, I certify that said child has my permission to attend and participate in the "Hooked On Fishing, Not On Drugs" Fly Fishing Clinic Program sponsored by the Maryland Department of Natural Resources. In signing this form, I acknowledge that my child will be participating in the following activities as part of this program: practice casting, working with hooks, and fishing.

I, \_\_\_\_\_, hereby give my consent for Emergency Medical Care to be provided for my child, \_\_\_\_\_, while he/she is participating in the "Hooked On Fishing, Not On Drugs" Fly Fishing Clinic Program.  
Physician: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Hospital: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Photo Release

I also hereby grant the Maryland Department of Natural Resources the unconditional right to use the name, voice, and photographic likeness of \_\_\_\_\_ in connection with any of their audio video production, articles, or press releases, but not as an endorsement.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please mail to:**

**Donna Fahres  
Maryland Department of Natural Resources  
580 Taylor Avenue, E-2  
Annapolis, Maryland 21401**